

Congregate Care Guidance for Residential and Group Home Providers



Virginia Department of
Behavioral Health &
Developmental Services

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The latest guidelines and information can be found on the [Virginia Department of Health](#) (VDH) and the [Centers for Disease Control and Prevention](#) (CDC) websites.

What should we do if a resident in our group home becomes symptomatic? What steps should be taken for residents and staff?

- Follow [guidance from VDH](#) regarding steps to take if a case of COVID-19 is identified in a residential setting.
- Symptoms of COVID-19 include, fever, cough, and shortness of breath. If a resident in your group home becomes symptomatic, you should contact the individual's health care provider.
- Ill individuals must stay isolated for a minimum of 7 days and until at least 3 days after they are fever-free (without the use of fever-reducing medication) and symptoms improve.
- Other residents in the household must stay in quarantine for 14 days after the sick person is no longer infectious.
- You can also refer to [CDC's recommendations for long term care facilities](#) settings as well as [guidance from CMS for long-term care facilities](#). More information from VDH regarding testing at the state lab, including people with COVID-19 symptoms who live in congregate care settings, can be found [here](#).
- Additionally, [the CDC guidelines for household preparedness](#) can be helpful in reducing the likelihood of others becoming infected.

What if a staff member becomes symptomatic?

- Follow [guidance from VDH](#) regarding steps to take if a case of COVID-19 is identified in a residential setting including screening each person arriving at the facility for signs and symptoms of COVID-19.
- Staff members who are ill must stay home for a minimum of 7 days and until at least 3 days after they are fever-free (without the use of fever-reducing medication) and symptoms improve. Additional guidance is available on the [CDC return to work guidelines](#), which may be used for staff members.

If a case of COVID-19 is identified, do we need to stop accepting new admissions?

The Virginia Department of Health recommends screening each person arriving at the household for signs and symptoms of COVID-19 (see guidance including possible screening questions [here](#)) and not admitting any person who is ill without consulting with your local health department.

What precautions should I take to prevent COVID-19?

- Follow [guidance from VDH](#) regarding steps to take before a case of COVID-19 is identified including screening of all individuals residing or arriving at the facility, following social distancing measures, identifying a place where someone with COVID-19 could be cared for, and more.
- Additionally, please review guidance from DBHDS Offices of Licensing and Human Rights [here](#).

How do we isolate an individual with suspected or confirmed COVID-19 while remaining in compliance with human rights regulations?

Technically, isolation meets the definition of “seclusion” in the human rights regulations. Isolation separates and restricts the movement of sick people (confirmed or suspected cases of COVID-19) from people who are not sick. This is different from quarantining a person, which refers to separating and restricting their movement to see if they become sick if they were exposed to someone with a confirmed or suspected case of COVID-19.

Based on a temporary waiver to the regulations by the Commissioner, when a provider determines the need to isolate an individual who has COVID-19 or is suspected to have COVID-19, or quarantine an individual who has been exposed to someone with COVID-19, the provider should:

- Explain the process to the individual or authorized representative (AR) if applicable;
- Document a conversation with the qualified healthcare professional recommending isolation;
- Indicate the symptoms or circumstances that warrant isolation;
- Notify DBHDS via email to the Regional Advocate; and
- Comply with internal emergency/infectious disease policies.

If the isolation or quarantine lasts longer than 7 days, the provider must document the need for the restriction in the individual’s services record. Any individual or AR who believes his or her rights have been violated can make a complaint directly with the provider or through the advocate.

When should isolation end for residents or staff members with COVID-19?

For information on when to end home isolation or quarantine, follow [CDC guidance here](#).

Can residential providers temporarily open an additional location or expand bed capacity?

Yes, licensed residential providers serving individuals with confirmed or suspected cases of COVID-19 may temporarily open an additional location or expand bed capacity for a residential service that they are already licensed to provide during the COVID-19 emergency. To do so, providers must complete [this service modification form](#) and await approval from their Licensing Specialist.

What needs to be reported to DBHDS?

All providers licensed by the DBHDS Office of Licensing are required to enter incidents, including positive cases of COVID-19, into CHRIS. Please review [this guidance](#) regarding when to report cases of COVID-19 in CHRIS.

If you need support or assistance, reach out to your regional Community Resource Consultant (CRC) or Regional Nurse Care Coordinator who can discuss your issues and concerns and point you in the right direction.